RESI WANIFABLE COLL

Application or Docket Number

	PATENT A	PPLICATIO Effect		10020343										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									MALL E	MITTE 	Y	OR	OTHER	
TOTAL CLAIMS			45					RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		I	BASIC FE	37 (0.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			4/5 minus 20=		. 25				X\$ 9=			OR	X\$18=	450
INDEPENDENT CLAIMS					.2				X42=	1		OR	X84=	168
MULTIPLE DEPENDENT CLAIM P			RESENT				Ì	+140=			OR	+280=	7.0	
* If the difference in column 1 is less than zero, enter "0" in column 2							ŧ	TOTAL	十		OR		1358	
CLAIMS AS AMENDED - PART II									SMALL	ENT		OR	OTHER	THAN
	1810)	(Cotumn 1)		(Colu		(Coin	mn 3)	ı	330000				OMACE!	ADDI-
AMENDMENTA		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRE	ENT IRA		RATE	TIO)DI: NAL EE		RATE	TIONAL FEE
Ş	Total	• 45	Minus	- L	[[=	I_{-}		X\$ 9=	П		OR	X\$18=	1
	Independent	• 5	Minus	***	5	•			X42=	П		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		7	1	+140=	T		OR	+280=	
	. 1 / 2								TOTA	+		OR	TOTAL	1.
	4/21/	(Column 1)		(Cotu	mn 2)	(Colu	mn 3)	•	DDIT. FEI	.		jon,	ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEBT HBER OUSLY EOR		SENT TRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	•45	Minus	o45		- /			X\$ 9=			OR	X\$18×	
	Independent	• 5	Minus	***5	ECI ANA	<u> -/</u> _			X42=			OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+140=			OR	+280=	
												OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Colu	mn 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	REST BER OUSLY FOR		sent Tra		RATE	TIO	IOI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		-] [X\$ 9-	T	-	OR	X\$18=	
	independent	•	Minus	••••		·]	X42=	T		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM			┚┠		十				
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.												OR OR	+280=	
•	"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEC" ""If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."												ADDIT. FEE	
	The "Highest Nun	nber Previously Pa	id For (Total o	r Independ	of (Inet	higher	d numb	er fou	nd in the a	ppropri	iste bo:	k in coi	lumn 1.	